

CAROLINE COUNTY



Selection of Focus Area

The Auxiliary Board of Health for Caroline County meets quarterly to discuss and identify problems in the County. This group coordinates actions with other local entities, including the School Health Council.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	29,480
White	77.5%
Other	22.5%

Estimated Population, by Age – 1998

Under 1	350	18-44	10,910
1-4	1,670	45-64	6,550
5-17	5,940	65+	4,060

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 556.5

Infant Mortality Rate 1995-1999 15.0

Estimated Mean Household Income – 1999 \$41,200

Estimated Median Household Income – 1999 \$35,800

Civilian Unemployment Rate, Annual Average – 1999 3.2

Labor force (Top 4) – 1995

Retail Trade	1.8	Transportation	1.3
Manufacturing	1.6	Government (Federal, Military)	1.3

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Control of Sexually Transmitted Diseases (STDs) Among the Adolescent Population of Caroline County

Problem

Of growing concern is the plight of our teenage population. Sexually Transmitted Disease (STD) rates, especially chlamydia, have increased in Caroline County in recent years. This information prompted the Auxiliary Board of Health for Caroline County to look at this issue as a public health problem for the County.

Determinants

The adolescent propensity for risk-taking behaviors necessarily lends itself to sexual experimentation (although there appears to be a growing trend toward abstinence). This sexual experimentation when coupled with the use of mind-altering chemicals easily leads to situations, which include unprotected sex as well as multiple sex partners. Efforts to address these issues have met with some success; the most effective school-based programs are comprehensive ones, which include an emphasis on abstinence and condom use. However, of the estimated 15 million new cases of STD's identified annually in the United States, approximately 4 million occur in the adolescent population.

Chlamydia is a newly emergent bacterial STD that attacks the middle school, high school and early college age group almost exclusively. Fifty percent of infected males have some urinary tract symptoms; females are usually asymptomatic. It is easily diagnosed by the non-invasive Ligase Chain-Reaction (LCR) urine test and easily treated with a single dose of Zithromax (concomitant gonorrhea responds to a single dose of Suprax). Chlamydia can cause long-term complications, like gonorrhea, but its presence also indicates that its victims are having unprotected sex, thereby inviting the spread of HIV in that vulnerable population.

Chlamydia rates throughout Maryland have risen from 160.8 (per 100,000 population) in 1996 to 173.8 in 1998, according to data from the Maryland Electronic Reporting and Surveillance System (MERSS). Caroline County had an attack rate of 297.5 per 100,00 (86 cases) during FY1998. This rate is above the State rate of 261.0. Caroline County ranks seventh in Chlamydia rates, according to Health Office data (Health Office Memo. 99-039).

We have recently dealt with an epidemic in Kent, Queen Anne's, and Caroline counties involving at least 60 high school age males and females. One female in Caroline County named 33 contacts, a Kent County female named 19, and a Queen Anne's County female named 11. It was evident that contact was made between the three groups.

Objective 1 - By 2010 establish an efficient clinical system to diagnose, treat, and prevent chlamydia and gonorrhea infection in 80% of the high school population. (Baseline: 40%)

Action steps

- ⇒ Meet with local officials to establish a clinical system to diagnose chlamydia.
- ⇒ Determine the process for obtaining supplies for appropriate urine testing and procedure for mailing to the lab.

Objective 2 - By 2010, the rates of Chlamydia will not be more than 2% of the adolescent population. (Baseline: a peak rate of 20% is expected in the first year, reduced to 5% by the end of the third year and staying 2%, thereafter).

Action steps

- ⇒ Educate diagnosed cases to the dangers of unprotected sex.
- ⇒ Meet with the Board of Education and Auxiliary Board of Health to develop the content and design of the Epidemic Pamphlet defining “sexual activity” and chlamydia problems.
- ⇒ Provide pamphlet in health suites and libraries in middle and high schools.

Objective 3 - By 2010 a system will be in place to introduce the Epidemic Pamphlet to 100% of ninth grade health classes and seventh grade Family Life classes. (Baseline: 0)

Action steps

- ⇒ Provide in-service training to all teachers and guidance counselors who deal with this topic.
- ⇒ Have a community forum to discuss this issue and educate parents on the problems of the STD epidemic.
- ⇒ Repeat yearly to school staff, pregnancy prevention counselors, adolescent case managers, etc.

Objective 4 - By 2010, diagnostic urine testing will be given as a routine part of every sports physical and other adolescent examination. (Baseline: 100)

Action steps

- ⇒ Provide diagnostic urine test kits to all health suites in the middle and high schools in the county.
 - ⇒ Meet with the private physicians to encourage them to give the appropriate diagnostic urine test to all adolescents in their practice.
 - ⇒ Provide diagnostic urine testing kits to all private physicians in the County.
 - ⇒ Educate nurses and private physicians in the need to report positive test results for treatment and contact tracing.
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Partners

Caroline County Auxiliary Board of Health • Caroline County Board of Education • Caroline County Health Department • Caroline County Local Management Board

References

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Cross-Reference Table for Caroline County

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